

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

## Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name <b>Department for Children and Families</b>		9. Position No. K0048583	10. Budget Program Number	
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) <b>Social Work Specialist</b>	
3. Division <b>Family Services</b>			12. Proposed Class Title	
4. Section	For  Use  By  Personnel  Office	13. Allocation		
5. Unit <b>Prevention and Protection Services/Adult Protective Services (APS)</b>		14. Effective Date		
6. Location (address where employee works)  City: Topeka County: Shawnee		15. By	Approved	
7. (circle appropriate time) Full time Perm. Inter. Part time Temp. %		16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time)  FROM: 8:00 AM/PM To: 5:00 AM/PM This position may require work beyond normal business hours including evenings, weekends, and holidays. There may be little to no notification of the need to work beyond normal business hours due to the immediate need to ensure safety of the clients served.		17. Audit Date: By: Date: By:		

Agency  
Number

Position  
Number

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
Kristi Skinner		
Who evaluates the work of an incumbent in this position?		
<b>Name</b>	<b>Title</b>	<b>Position Number</b>
Same as above		

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

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21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

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Number Each  
Task and  
Indicate  
Percent of  
Time

1. 45% E

**SOCIAL WORK TASK**

- Conducts investigations and assessments on adult protective service reports, conducts necessary interviews of involved adults, collateral witnesses and family members, and alleged perpetrators.
- produces a permanent record of and completes some or all of the following social work tasks in the Kansas Intake/Investigation Protection System (KIPS) accurately and within established timelines: documentation of case activities, consumer based assessments, abuse/ neglect/exploitation investigations, findings and required notices, adult service plans, and information gathering throughout the investigation. Liaison and regulatory activities as assigned by the Supervisor. Prepares appeal summaries, testifies before appeals hearing officer in reference to agency decisions.
- Requires some crisis intervention, critical thinking, ability to demonstrate independent judgment, and ability to formulate recommendations.

2. 35% E

**SERVICE COORDINATION**

- Coordinates with State agencies such as Kansas Department for Aging and Disability Services, Office of the Attorney General, Kansas Department of Health and Environment. Community agencies such as: Home health agencies, Area Agencies on Aging, nursing facilities, Independent Living centers, courts, multi-disciplinary teams, mental health/developmental disabilities, and other service providers, in order to assess the consumer, develop service plans, and to access services and resources for the consumer. When appropriate, make referrals to and works in conjunction with law enforcement, county attorney, and the court. In cases of guardian/conservator, will coordinate and work in conjunction with DCF Attorney, Kansas Guardianship Program, family, and other individuals.

3. 20% E

**TEAM PARTICIPATION/TRAINING**

- Actively participate in, contributes to, and supports the team effort in planning, delivering, and coordinating services. This is accomplished in part by and actively participating in individual supervision, and attending unit/team meetings.
  - Utilizes formal and informal training opportunities to enhance knowledge of and build skills in the following areas: social work practice, agency policy, leadership and teamwork.
  - Some training opportunities will be mandated trainings.
  - Maintain social work license
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22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( ) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( X ) Loss of life, disruption of operations of a major agency.

Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

**Numerous contacts are required with customers, community providers, agency personnel, and law enforcement and legal to investigate and prosecute cases.**

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25. What hazards, risks or discomforts exist on the job or in the work environment?

**Dealings with angry and hostile individuals occur from time to time. The work environment involves normal everyday hazards or discomforts typical of offices, meeting, and training rooms. Some discomforts that may be experienced are fatigue from prolonged sitting, possible eye strain from use of computer monitor and stress from imposed deadlines.**

**Entering homes and other environments that may be dirty, cluttered, possibly infested with bugs and rodents, and/or offensive odors.**

**The normal risk of traveling on Kansas highways would occur on occasions where travel is required.**

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

**Used daily:**

- Digital and 35 mm cameras
- Personal computer with state access for state data systems
- Internet and e-mail
- Fax machine
- Copier
- Calculator
- State cars or rental vehicles

Telephone

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**PART III - To be completed by the department head or personnel office**

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

**Four year college degree**

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Education or Training - Special or professional

**License to practice social work in the State of Kansas and Valid Kansas Driver's License**

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License, certificates and registrations

**Knowledge of social work theory, principles, methods and cultural influences on families. Knowledge of crisis intervention techniques. Ability to function consistently under pressure. Ability to exercise sound judgment with close to moderate supervision.**

**Broad knowledge of all DCF programs.**

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Special knowledge, skills and abilities

**Six months experience as a social worker**

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Experience - Length in years and kind

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**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date